



Aerial view of Moree Hospital.

STATEMENT OF HERITAGE IMPACT

MOREE HOSPITAL UPGRADE

MOREE, NSW

AUGUST 2023

Report prepared by
OzArk Environment & Heritage
for NSW Health Infrastructure



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Acknowledgement

OzArk acknowledge the traditional custodians of the area on which this assessment took place and pay respect to their beliefs, cultural heritage, and continuing connection with the land. We also acknowledge and pay respect to the post-contact experiences of Aboriginal people with attachment to the area and to the Elders, past and present, as the next generation of role models and vessels for memories, traditions, culture and hopes of local Aboriginal people.

EXECUTIVE SUMMARY

OzArk Environment & Heritage (OzArk) has been engaged by NSW Public Works, on behalf of NSW Health Infrastructure (the proponent) to complete a Statement of Heritage Impact (SOHI) for the Moree Hospital Upgrade project (the project). The project is in the Moree Plains Local Government Area (LGA). The study area for the assessment is the existing Moree Hospital site located at Alice Street, Moree. The study area includes approximately 30 buildings and small structures and the landscaped remainder of the site.

The proposed works aim to upgrade ageing infrastructure and to improve efficiency of services. Master Planning for the project has proposed to include the demolition of five buildings and several smaller utility structures. The Moree District Hospital is listed on the NSW Health Section 170 heritage and conservation register, but no formal heritage assessment or inventory on the site has been completed. The Moree District Hospital also within a place of Aboriginal cultural significance per the Moree Plains Environmental Plan (LEP) 2011.

The study area was inspected by OzArk archaeologist Harrison Rochford on 27 July 2022. The site inspection determined that most buildings that comprise the modern hospital complex are not associated with significant heritage values. The likelihood for archaeological deposits to be present within the study area was assessed as low.

One of the buildings proposed to be demolished, the Glennie and Crane building (also known as Building 5) is referred to in the Section 170 listing for the hospital. The Glennie and Crane building has been assessed as having local heritage significance.

The SOHI has determined that the proposed works will have a negative impact on the heritage values that are present within the study area arising from the proposed demolition of the Glennie and Crane building. The remaining buildings and structures to be removed have been assessed as having little heritage value and a low contributory value to the Glennie and Crane building.

Recommendations concerning the historic values relevant to the study area are as follows.

1. The Project should fully explore retention of the Glennie and Crane building and suitable adaptive re-use explored in the future hospital. Removal of the unsympathetic additions to the building and covered walkways crowding the current building should be undertaken if possible.
2. If retention of the Glennie and Crane building is deemed to be unfeasible due to (for example) a lack of suitable adaptive re-use opportunities or unreasonable restrictions to the design of the new hospital facilities, then the mitigation measures and interpretation strategy presented in **Section 3.9** should be undertaken.

3. Although the risk of the project affecting archaeological deposits at the study area has been assessed as low, the *Unanticipated Finds Protocol* (**Appendix 1**) should be followed if potential significant heritage items are encountered during construction.
4. As the project will impact a heritage item (Moree District Hospital) on the NSW Health Section 170 Register, the Heritage Council must be notified of the proposed demolition and works at least 14 days in advance. This SOHI and the determined Review of Environmental Factors (REF) for the project would be appropriate information to be supplied.

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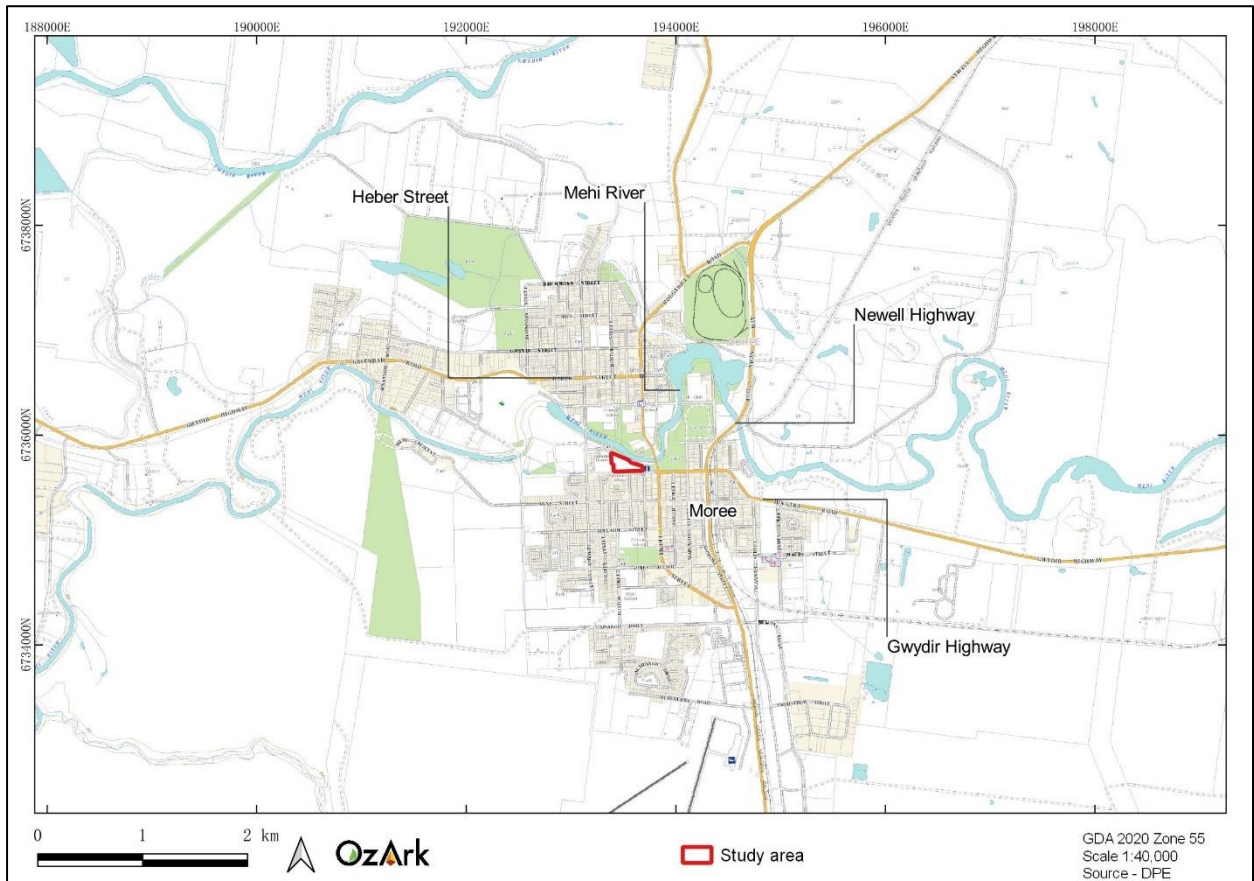
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1 INTRODUCTION

1.1 BRIEF DESCRIPTION OF THE PROJECT

OzArk Environment & Heritage (OzArk) has been engaged by NSW Public Works on behalf of NSW Health Infrastructure (the proponent) to complete a Statement of Heritage Impact (SOHI) report for the Moree Hospital upgrade project (the project). The project is in the Moree Plains Local Government Area (LGA) (**Figure 1-1**).

Figure 1-1. Map showing the location of the project.



1.2 STUDY AREA

The study area for the assessment is the existing Moree Hospital site, located at Lot 11 DP1113157. The main entrance is off Victoria Terrace, but the study area also fronts Alice Street, as shown on **Figure 1-2**.

The area comprises 33 existing buildings and structures and the landscaped remainder of the site.

1.3 PROPOSED WORK

This report relates to the entirety of the Moree Hospital Redevelopment and will the Review of Environmental Factors (REF).

The current hospital site layout is shown on **Figure 1-3** and the proposed site plan is shown on **Figure 1-4**. The proposed demolition plan is shown on **Figure 1-5**.

NSW Health Infrastructure proposes to redevelop the entirety of the Moree Hospital, including delivery of the following:

- Emergency care services including a 'safe space' to meet requirements of a designated mental health assessment facility;
- Overnight inpatient beds;
- An operating theatre;
- A birthing suite;
- Outpatient/ambulatory services;
- Clinical support services; and
- Onsite staff accommodation.

Major components of the project include the construction of a new two-storey Acute Services Building, construction of new car parks and demolition of several buildings that have reached the end of their useful life.

The proposal will also include the installation six prefabricated staff accommodation units near the current staff accommodation building (Building 13 on **Figure 1-3**). Detail of the proposed staff accommodation layout is shown on **Figure 1-6**.

Figure 1-2: Aerial showing the study area.

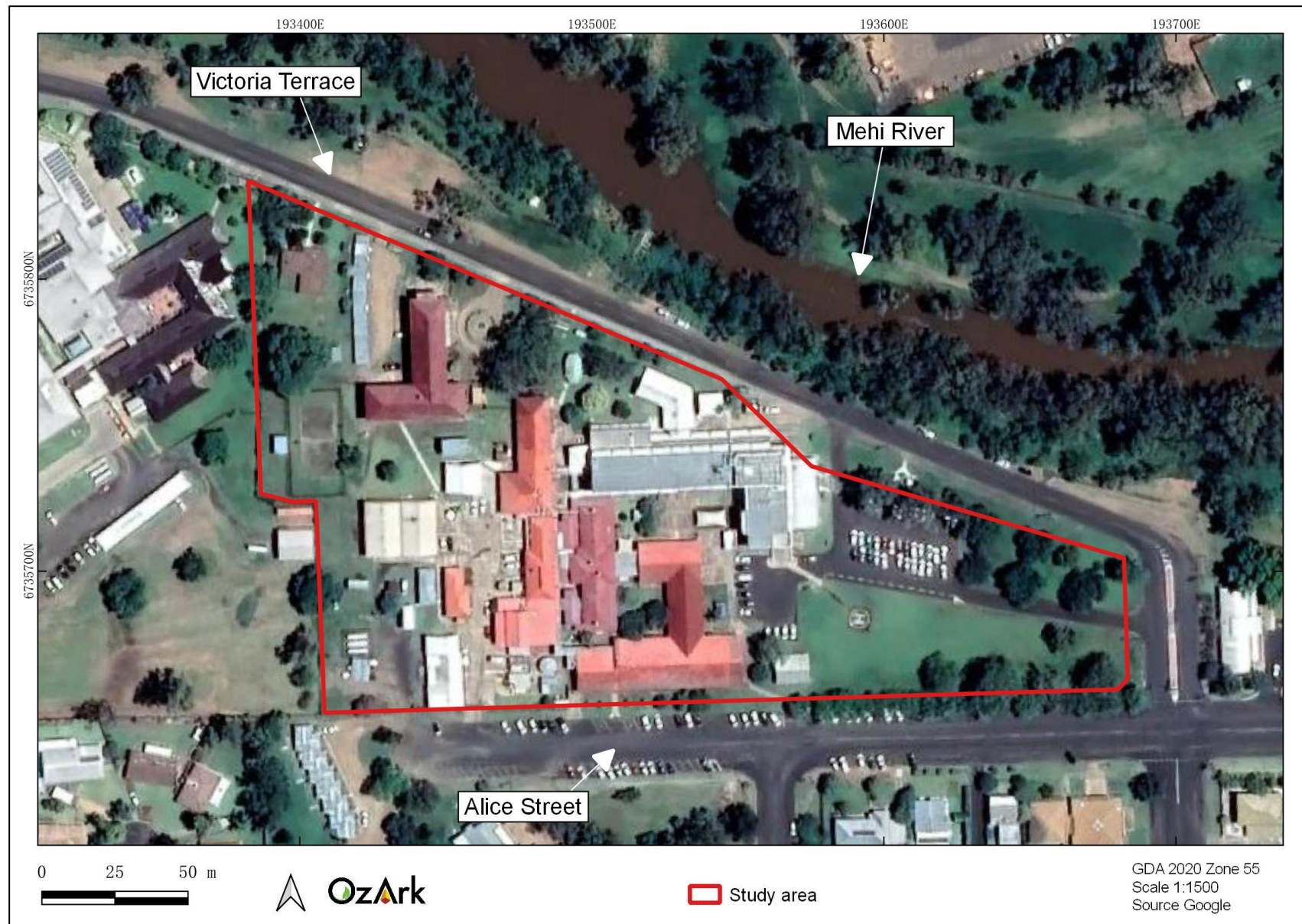


Figure 1-3: Moree Hospital layout and building identification.



Figure 1-4: Proposed site plan



Figure 1-5: Proposed demolition plan

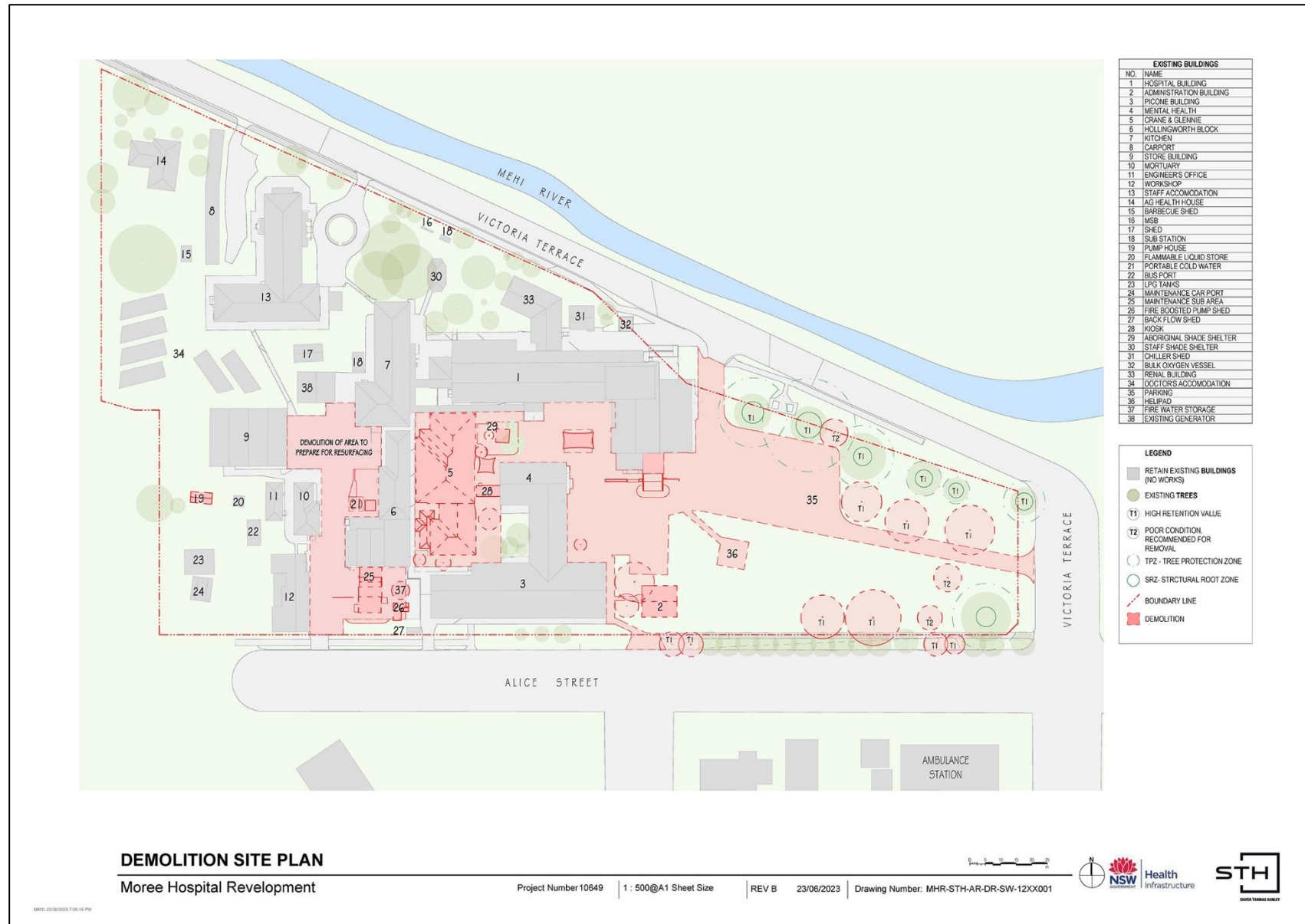
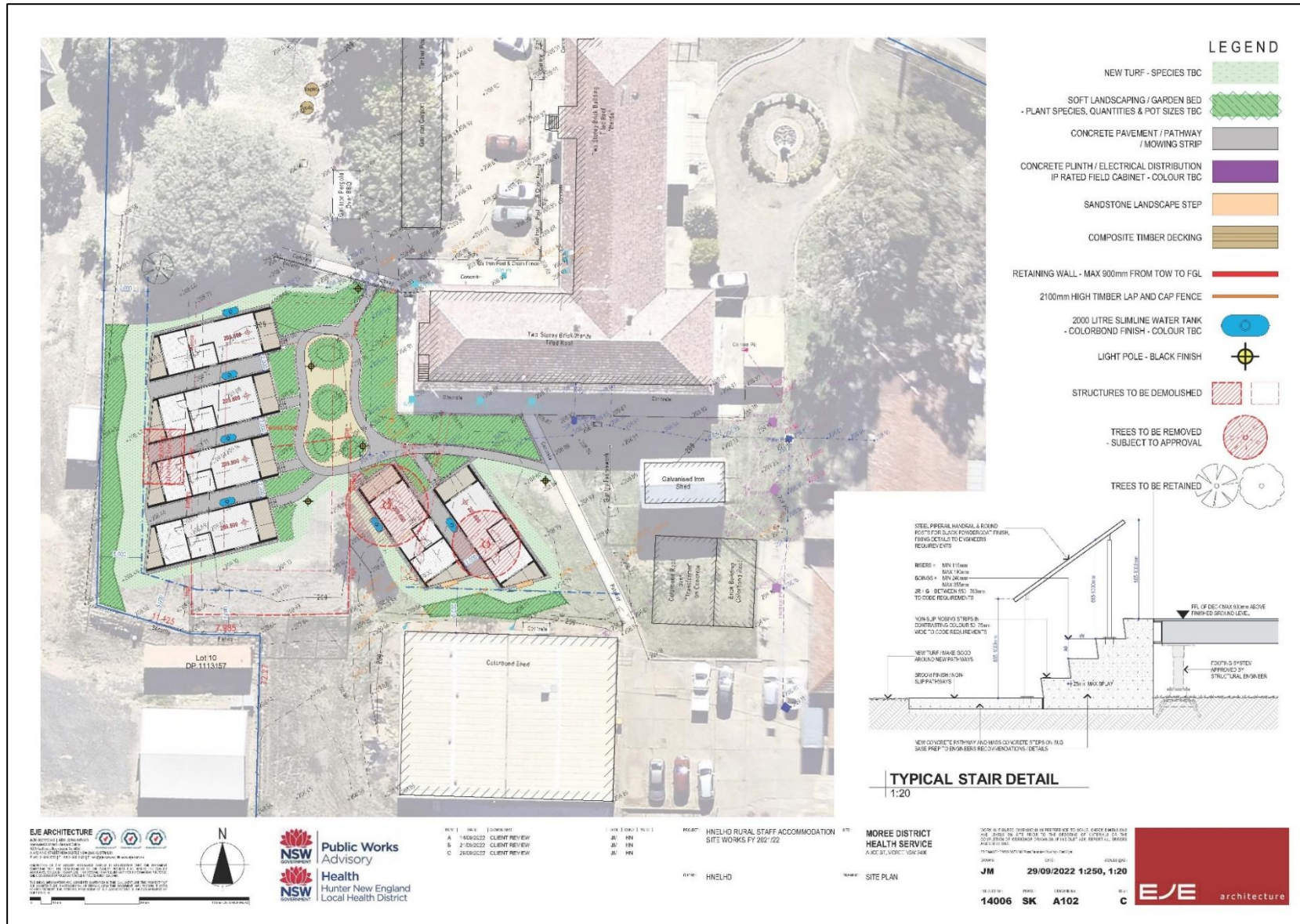


Figure 1-6: Detail of proposed staff accommodation units near Building 13.



2 HISTORIC HERITAGE ASSESSMENT BACKGROUND

2.1 INTRODUCTION

The current assessment will apply the Heritage Council *Historical Archaeology Code of Practice* (Heritage Council 2006) and the International Council on Monuments and Sites' *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance* (Burra Charter 2013) in the completion of a historical heritage assessment, including field investigations.

2.2 RELEVANT LEGISLATION

2.2.1 State legislation

Environmental Planning and Assessment Act 1979 (EP&A Act)

This Act established requirements relating to land use and planning. The main parts of the EP&A Act that relate to development assessment and approval are Part 4 (development assessment) and Part 5 (environmental assessment). The purpose of the Part 5 assessment system is to ensure public authorities fully consider environmental issues before they undertake or approve activities that do not require development consent from a council or the Minister. The Minister responsible for the Act is the Minister for Planning.

The EP&A Act currently provides the primary legislative basis for planning and environmental assessment in NSW. The objects of the EP&A Act include encouragement of:

- The proper management, development, and conservation of natural resources
- The provision and coordination of the orderly and economic use and development of land
- Protection of the environment, including the protection and conservation of native animals and plants, including threatened species, populations and ecological communities, and their habitats
- Ecologically sustainable development.

The objects also provide for increased opportunity for public involvement and participation in environmental planning and assessment.

The EP&A Act includes provisions to ensure that the potential environmental impacts of a development or activity are rigorously assessed and considered in the decision-making process.

The framework governing environmental and heritage assessment in NSW is contained within the following parts of the EP&A Act:

- Part 5: Environmental impact assessment on any heritage items which may be impacted by activities undertaken by a state government authority or a local government acting as a self-determining authority.

The EP&A Act also allows plans to be made to guide the process of development and to regulate competing land uses. These are known as Environmental Planning Instruments (EPIs).

The EP&A Act allows two types of EPIs to be made:

- Local Environment Plans (LEPs)
- State environment planning policies (SEPPs).

LEPs determine the form and location of new development and provide for the protection of open space and environmentally sensitive areas, including heritage conservation areas or items.

Heritage Act 1977 (Heritage Act)

The *Heritage Act 1977* (Heritage Act) is applicable to the current assessment. This Act established the Heritage Council of NSW. The Heritage Council's role is to advise the government on the protection of heritage assets, make listing recommendations to the Minister in relation to the State Heritage Register (SHR), and assess/approve/decline proposals involving modification to heritage items or places listed on the SHR. Most proposals involving modification are assessed under Section 60 of the Heritage Act.

Automatic protection is afforded to 'relics', defined as 'any deposit or material evidence relating to the settlement of the area that comprised New South Wales, not being Aboriginal settlement, and which holds state or local significance' (note: formerly the Act protected any 'relic' that was more than 50 years old. Now the age determination has been dropped from the Act and relics are protected according to their heritage significance assessment rather than purely on their age). Excavation of land on which it is known or where there is reasonable cause to suspect that 'relics' will be exposed, moved, destroyed, discovered, or damaged is prohibited unless ordered under an excavation permit.

Section 170 Heritage and Conservation Register

The Section 170 Heritage and Conservation Register records heritage assets of NSW state government agencies and was established under the Heritage Act. NSW state government agencies have a responsibility to ensure that items listed on their Section 170 register are 'maintained with due diligence'.

Government agencies are required to give 14-days' notice to the Heritage Council before removing an item from the register, transferring ownership of an item, or demolishing an item.

2.2.2 Commonwealth legislation

Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act)

The EPBC Act, administered by the Commonwealth Department of Climate Change, Energy, the Environment and Water, provides a framework to protect nationally significant flora, fauna,

ecological communities, and heritage places. The EPBC Act establishes both a National Heritage List and Commonwealth Heritage List of protected places.

The assessment and permitting processes of the EPBC Act are triggered when a proposed activity or development could potentially have an impact on one of the matters of national environment significance listed by the Act. Ministerial approval is required under the EPBC Act for proposals involving significant impacts to national/commonwealth heritage places.

2.2.3 Applicability to the project

The project will be assessed under Part 5 of the EP&A Act.

Any items of local or state historical heritage significance within the study area are afforded legislative protection under the Heritage Act.

The 'Moree District Hospital' is a listed item on the NSW Health Section 170 Heritage Register. The provisions of the must be considered if significant harm to an item of local heritage value is likely.

It is noted there are no Commonwealth or National heritage listed places within the study area, and as such, the heritage provisions of the EPBC Act do not apply (see **Section 2.5.1**).

2.3 HISTORIC HERITAGE ASSESSMENT OBJECTIVES

The current assessment will apply the Heritage Council's *Historical Archaeology Code of Practice* (Heritage Council 2006) in the completion of a historical heritage assessment, including field investigations, to meet the following objectives:

- Objective One:** To identify whether historical heritage items or areas are, or are likely to be, present within the study area
- Objective Two:** To assess the significance of any recorded historical heritage items or areas
- Objective Three:** Determine whether the project is likely to cause harm to recorded historical heritage items or areas
- Objective Four:** Provide management recommendations and options for mitigating impacts.

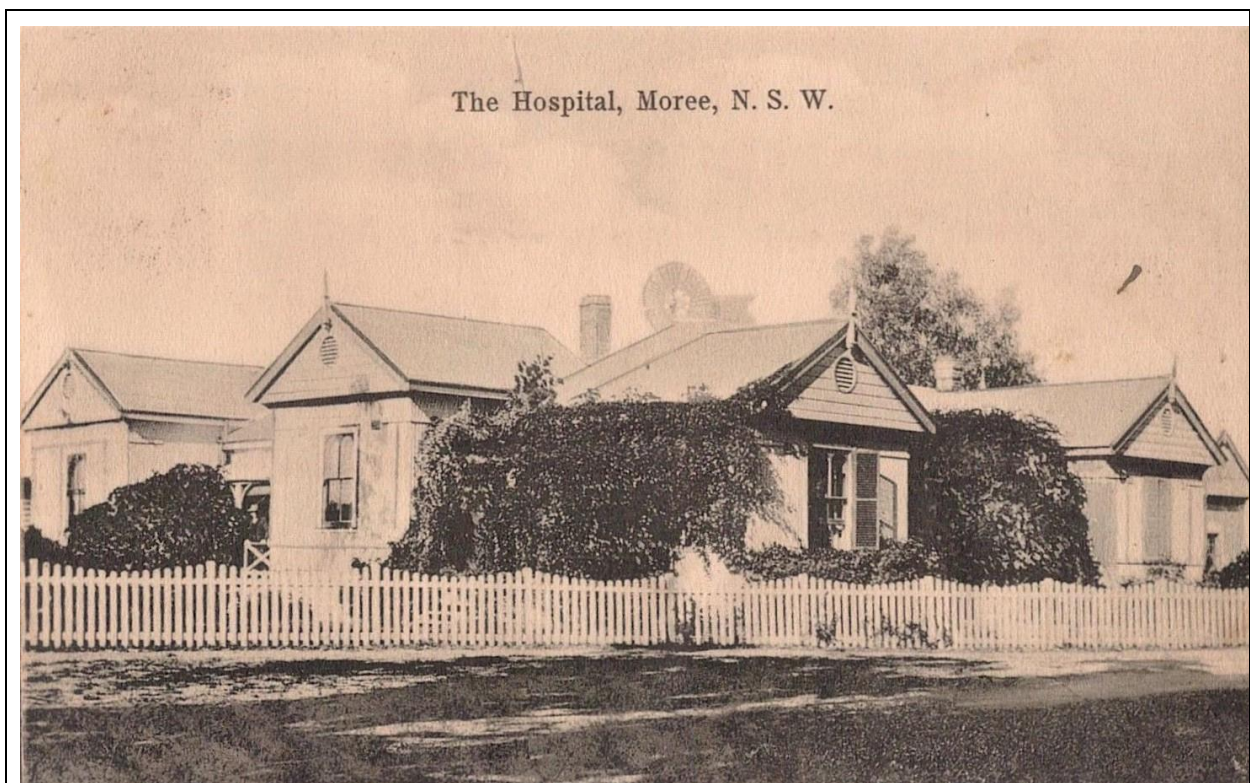
2.4 BRIEF HISTORY OF THE MOREE HOSPITAL

Moree is located on the land of the Gamilaraay (Kamilaroi) people. The town of Moree was gazetted in 1862 and became a formal municipality in 1890. Notable public buildings in Moree date from the 1890s, such as the Lands Office and School of Arts building. The first Moree Hospital building was opened in 1889 (**Figure 2-1**).

Significant additions to the hospital complex included the Glennie and Crane Wards in 1913, the Jones Ward in the 1920s, and the McMaster Ward in 1942 (**Figure 2-1**). Of these early 20th century additions, only the Glennie and Crane building remains.

The town of Moree has a history of anti-segregation activism, and the former McMaster Ward has associations with this historical theme. The Moree Hospital was segregated and from 1942–1965, and the McMaster Ward served as the ward for Aboriginal patients. The McMaster Ward was largely staffed by female Aboriginal healthcare workers and was important to the community for providing compassionate care and fulfilling employment opportunities, predominantly for Aboriginal women who would otherwise be seeking domestic service work (Briggs-Smith 2003:35–6). The McMaster Ward was closed in 1965, two months after the ‘Freedom Ride’ anti-segregation activism in Moree and became an aged care ward until it was demolished. An exact date for the removal of the McMaster Ward is unclear but appears to have been undertaken prior to 1984.

Figure 2-1: Historical images of Moree Hospital.



1. The original Moree Hospital Building (1889) photographed circa 1909. Source: PICRYL./flickr.com.



2. Alternate view of the original hospital building, date not known. It is possible that the building in the background is the Glennie and Crane Building, but the chimney visible in this photo must have been replaced. Source: Briggs Smith 2003.



3. Aerial view of Moree Hospital from the west showing the McMaster Ward (centre of frame with double gabled roof). Date unknown but post-dates the construction of Building 7 (east, behind McMaster Ward) in 1971 Source: Briggs-Smith 2003: 36.

2.5 LOCAL CONTEXT

2.5.1 Desktop database searches conducted

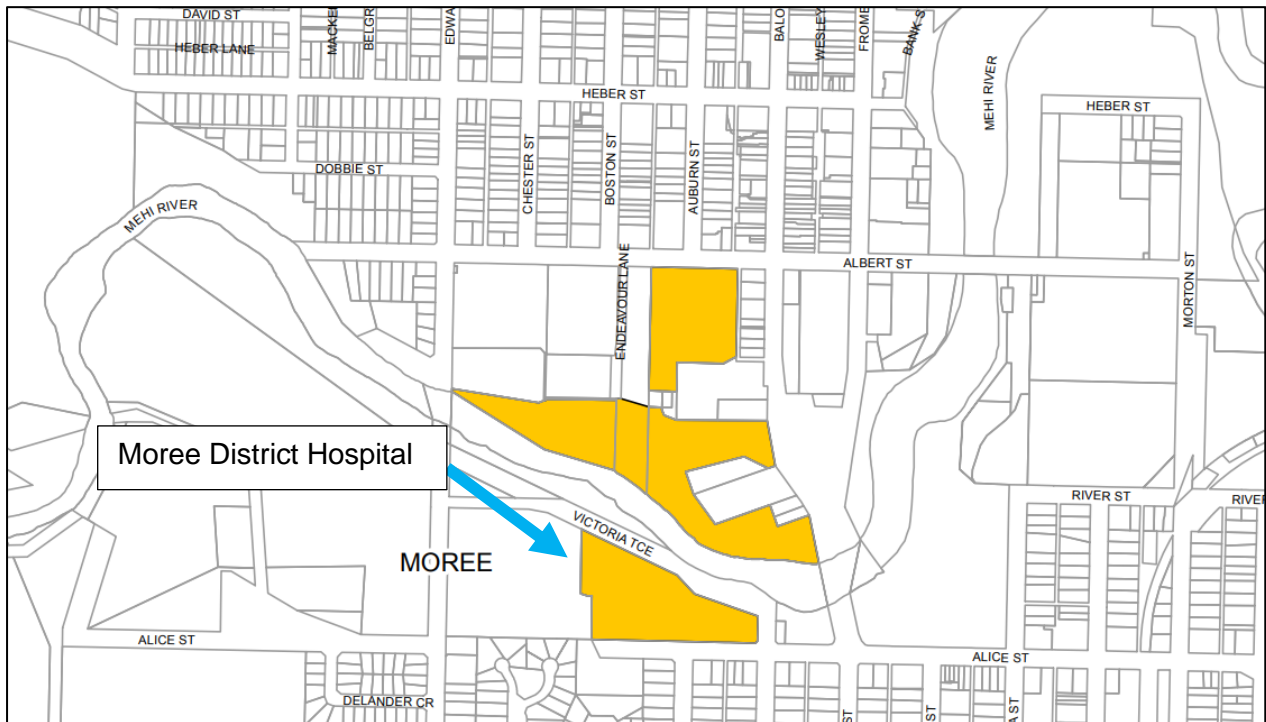
A desktop search was conducted on the following databases to identify any potential previously recorded heritage within the study area. The results of this search are summarised in **Table 2-1**.

Table 2-1: Historic heritage: desktop-database search results.

Name of Database Searched	Date of Search	Type of Search	Comment
National and Commonwealth Heritage Listings	1/7/2022	Study area	No results
State Heritage Register (SHR)	1/7/2022	Study area	No results
Moree Plains Local Environmental Plan (LEP) 2011 – Heritage conservation	1/7/2022	Study area	No results. The closest heritage items are the Kirby Park Bandstand (250 m northeast) and the Moree CBD Conservation Area (220m north).
Moree Plains LEP 2011 – Aboriginal Cultural Significance Map	25/11/22	Study area	The study area is within an area identified as a Place of Aboriginal Cultural Significance.

A search of the Heritage Council of NSW administered heritage databases and the Moree Plains LEP 2011 returned no relevant records for historic heritage items (Schedule 5) sites within the designated search areas. However, the Moree Plains LEP 2011 has additional provisions for places of Aboriginal cultural significance (Section 7.7 of the LEP). The lot on which the Moree District Hospital is noted as a place of Aboriginal Cultural Significance on the map defining such areas. An excerpt of the map is shown on **Figure 2-2**. No specific information describing the Aboriginal heritage significance of the Moree District Hospital accompanies the map, so the heritage significance of the item to the Aboriginal is discussed in **Section 3.3**.

The 'Moree District Hospital' is a listed item on the NSW Health Section 170 Heritage Register.

Figure 2-2: Aboriginal Cultural Significance Mapping: Moree Plains LEP 2011 (detail).

2.6 HISTORIC HERITAGE ITEMS AT THE STUDY AREA

As the heritage item has already been catalogued and assessed, the following is adapted from the State Heritage Inventory (SHI) for the item.

Moree District Hospital

Location of site: Alice Street, Moree

Description of site: A weatherboard building was opened in 1889 and an isolation ward was built in 1896. Neither building still stands. Construction of the Glennie and Crane wards was started in 1913 and the wards opened in 1917. The Jones Ward was built in the 1920s, the McMaster Ward in 1942, the Children's Ward in 1946, and the McKenzie Ward for private patients in 1947. A new nurses' home opened in 1959 and new kitchen and dining room in 1961.

The current hospital layout is shown on **Figure 2-3** and a post-1971 image of the hospital layout is shown on **Figure 2-4**.

Figure 2-3: Aerial image from the southwest showing the Moree Hospital and key items (Source: NSW Health Infrastructure).



Figure 2-4: Aerial image showing the Moree Hospital from the west after 1971 (Source: Briggs Smith 2003).



3 RESULTS OF HISTORIC HERITAGE ASSESSMENT

3.1 DESCRIPTION OF THE ASSESSMENT

The study area was inspected by OzArk archaeologist Harrison Rochford on 27 July 2022.

There were no significant constraints to the assessment. All small outbuildings were inspected due to their proximity to the impact footprint of the proposed works and the potential of the proposed works to affect or remove the buildings at the detailed design phase of the project.

3.2 DETAILS OF POTENTIAL HERITAGE ITEMS

Glennie and Crane Building

Location of item: Located at the centre of the study area (**Figure 2-3**). The condition of the additions is fair. An aerial showing the roof and footprint of the building is shown on **Figure 3-1**.

Description of item: The original 1917 building is single-storey building is constructed in brick with a central hipped galvanised iron roof with two elongated wings. The exterior and interior walls have been painted white and the paint is in good condition (**Figure 3-2**). It is not clear if this was the original colour scheme. The exterior of the building has been almost entirely surrounded by weatherboard and fibro additions. It is possible that the additions have enclosed an earlier or original verandah. The interior hallways and the southern ward have high ceilings with pressed metal detailing.

The building appears to be in good condition, although no structural assessment has been sighted.

Figure 3-1: Aerial view of the Glennie and Crane building from the southeast.



Figure 3-2: Views of the Glennie and Crane Building during the assessment.



1 View north showing the southern façade of the building (under the higher roofline) and the unsympathetic fibro additions.



2 View west showing the southern wing with both a fibro addition and timber awning extending east.



3 View south showing the northern wing and fibro covered walkways crowding the building.



4 View west to the original main entrance and eastern façade. The entrance is the rounded archway under the shade cloth.



5 Interior view west through the main hallway.



6 View south of the interior of the southern wing.



7 The interior of one of the additions along the eastern façade of the southern wing.



8 The collection of plaques displayed at the entrance to the Glennie and Crane Building.

3.3 DISCUSSION

The significant heritage values of the current Moree hospital complex are derived from the Glennie and Crane Building. Most of the other buildings at the site are small utility outbuildings or modern buildings that do not contribute to the interpretation of heritage values.

Appreciation of the heritage values from the exterior of the Glennie and Crane Building is significantly constrained by unsympathetic additions and crowding over the past 70 years. However, the interior of the wards has remained in use. The original form and design of the interior remains, and the wards retain key fixtures such as the pressed metal ceilings, transom windows and the French doors that would have led to the verandah along the exterior of the wings. Much of this fabric appears to be original and in good condition. This fabric represents the earliest phase of the Moree Hospital and has local heritage significance.

As presented in **Section 3.5.2**, the McMaster Ward would also have been understood as having local heritage values. No evidence of the exact relationship between the buildings of the once segregated hospital could be found (i.e. the function of the Glennie and Crane Wards between 1942 and 1965). At Moree Hospital, segregation of public spaces, as well as the response and resilience of Aboriginal people, is a significant historical theme. As the only surviving hospital building from the early 20th century period, the Glennie and Crane Building is last physical representation of that era and its historical themes.

Although the fabric of the building does not have heritage values, Building 7 (the Kitchen and Community Health building) constructed in the 1960s commemorates the contributions of Elizabeth Doolan who was the first Aboriginal health worker in NSW (**Figure 3-3**). Doolan started her training as a nurse at the McMaster Ward in 1964 and became an Aboriginal Community Health Worker in the Department of Health in 1971 (Briggs-Smith 2003:54).

Figure 3-3: Existing heritage commemoration at the Moree Hospital.



3.4 ARCHAEOLOGICAL ASSESSMENT

The study area has been progressively landscaped as new buildings and car parks have been installed across the hospital complex. The location of the demolished McMaster Ward was inspected during the assessment and no clear evidence of remaining footings of the building were apparent. As the building was demolished in the modern era and a generator has been installed at the location, it is anticipated that the construction of buildings and infrastructure at the location has substantially reduced the potential for archaeological remains to be present.

The likelihood of any habitation deposits associated with the Glennie and Crane Building is thought to be low due to constant reuse of the site and the solid concrete slab construction that is not conducive to retaining archaeological artefacts beneath the current footprint of the building.

3.5 ASSESSMENT OF SIGNIFICANCE

While there are existing assessments of significance concerning the Moree Hospital, they warrant an update considering the demolition of the McMaster Ward and the current site inspection. The general principles for assessing heritage significance are presented in **Section 3.5.1**. The previous heritage assessments are summarised in **Section 3.5.2** and the updated heritage assessment following the 2022 inspection is provided in existing heritage assessment is provided in **Section 3.5.3**.

3.5.1 Assessment of significance—general principles

NSW Heritage Office's publication *Assessing Heritage Significance* (NSW Heritage Office 2001) defines the criteria for heritage significance. A historic heritage site must satisfy at minimum one of the following criteria to be assessed as having heritage significance:

Criterion (a): *An item is important in the course, or pattern, of NSW's cultural or natural history (or the cultural or natural history of the local area).*

Criterion (b): *An item has a strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history (or the cultural or natural history of the local area).*

Criterion (c): *An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area).*

Criterion (d): *An item has strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons.*

Criterion (e): *An item has potential to yield information that will contribute to an understanding of NSW's cultural or natural history (or the cultural or natural history of the local area).*

Criterion (f): *An item possesses uncommon, rare or endangered aspects of NSW's cultural or natural history (or the cultural or natural history of the local area).*

Criterion (g): *An item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places; or cultural or natural environments (or a class of the local area's cultural or natural places; or cultural or natural environments).*

Significance assessments are carried out on the basis that decisions about the future of heritage items must be informed by an understanding of these items' heritage values. The *Australia ICOMOS Burra Charter* (Burra Charter 2013) recognises four categories of heritage value: historic, aesthetic, scientific, and social significance

Items are categorised as having local or state level, or no significance. The level of significance is assessed in accordance with the geographical extent of the item's value. An item of state significance is one that is important to the people of NSW whilst an item of local significance is one that is principally important to the people of a specific LGA.

3.5.2 SHI assessment of heritage significance for the Moree Hospital

Table 3-1 provides the existing heritage assessment for the Moree District Hospital on the SHI. The SHI only notes that the item is 'of historical significance' under criterion a). The comments in the table below have been inferred to assist the later heritage assessment.

Table 3-1: Assessment of heritage significance – Moree District Hospital.

Criterion	Comments	Significance
a	The Moree District Hospital is associated with the provision of medical services in the Moree area. The hospital has been assessed as being a significant part of the course of local history.	Local
b	The item does not have specific associations with persons of historic significance.	The item does not meet this criterion
c	The aesthetic values of buildings that comprise the Moree District Hospital do not meet the level of heritage significance.	The item does not meet this criterion
d	The Moree Plains LEP 2011 identifies the Moree District Hospital as a place of Cultural Significance to a particular group, the local Aboriginal community.	Local
e	The Moree District Hospital does have significant research potential	The item does not meet this criterion
f	As a 20 th century hospital complex, the Moree District Hospital is not considered a rare item across the state.	The item does not meet this criterion
g	The item is not a characteristic example of a class of sites or item types.	The item does not meet this criterion

Table 3-2 details the assessed heritage significance of the Moree Hospital complex based on the SHI assessment of significance.

Table 3-2: Historic heritage: assessment of significance for the Moree District Hospital.

Site name	Level of significance
Moree District Hospital	Local

The 2008 Moree Plains Aboriginal Heritage Study (Heritage Concepts 2008) included an assessment of the McMaster Ward in its catalogue of items significant to the Aboriginal community of Moree. This assessment is reproduced in full on **Figure 3-4**. There is no mention that the McMaster Ward was no longer standing by this point. It is likely that this assessment resulted in the inclusion of the Moree District Hospital on the Aboriginal Cultural Significance Map (Moree Plains LEP 2011).

Figure 3-4: Heritage assessment of the McMaster Ward (Heritage Concepts 2008).

The Former McMaster's Ward at the Moree District Hospital fulfils the following criteria:	
Criterion	Description
A - Historic	An item is important in the course, or pattern, of NSW's cultural or natural history;
B - Associative	An item has strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history;
D - Social	An item has strong or special association with a particular community or cultural group in NSW for social, cultural or
Aboriginal Heritage Assessment - Moree Plains Shire Council LEP. 2008	
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spiritual reasons;	
<p>Statement of Significance:</p> <p>The former McMaster's Ward located at the Moree District Hospital is a place of importance to Aboriginal people of the Moree district. The Ward was assigned to treat Aboriginal people only and was as a result of the efforts of Dr. John Francis Gall and staff of Aboriginal nurse-aids. Dr Gall practised in Moree from 1953 until 1984.</p> <p>The McMaster's Ward was established to assist Aboriginal patients to obtain medical care. The Hospital rule at the time of Dr. Galls Arrival in Moree stipulated that Aboriginal patients were not to be admitted to the main hospital (Briggs-Smith 1999; 2003).</p> <p>Level: Local Significance</p>	

3.5.3 Updated assessment of significance for the Glennie and Crane Building

The assessment here refers specifically to the Glennie and Crane Building as it is the only heritage item identified at hospital site during the site inspection. The update is presented in **Table 3-3** and **Table 3-4**.

Table 3-3: Assessment of heritage significance for the Glennie and Crane Building.

Criterion	Comments	Significance
a	The Glennie and Crane Building is associated with the provision of medical services in the Moree area. While important in the local community, its heritage significance derives from the key local historical theme of segregation and Aboriginal resilience. The hospital of which the Glennie and Crane Building is part was one of the segregated public institutions in Moree and the Aboriginal community associates the location with important community responses, such as the work of Aboriginal nurses providing care for Aboriginal patients.	Local
b	The Glennie and Crane Building does not have specific associations with persons of historic significance.	The item does not meet this criterion
c	The aesthetic values of the exterior of the Glennie and Crane Building have been significantly reduced by unsympathetic additions and crowding of hospital complex with small buildings and covered walkways. The Glennie and Crane Building has characteristic and intact interior design features, especially the pressed metal ceilings, that are in good condition and have appreciable heritage values. The symmetrical wards remain in use and their original form and function can be discerned. These aesthetic qualities have local heritage significance.	Local
d	While the item would have some special associations for local health care workers and patients, but this does not equate to heritage significance.	The item does not meet this criterion
e	The Glennie and Crane Building does not have significant research potential	The item does not meet this criterion
f	As a 20 th century hospital building, the Glennie and Crane Building is not considered a rare item across the state. However, as all the other early buildings of the Moree Hospital have been progressively removed, the building is the last remaining example of an earlier phase of the hospital and its historical values.	Local
g	The Glennie and Crane Building is not a characteristic example of a class of sites or item types.	The item does not meet this criterion

Table 3-4 summarises the assessed significance of the Glennie and Crane Building.

Table 3-4: Glennie and Crane Building: assessment of significance.

Site name	Level of significance
Glennie and Crane Building	Local

3.6 STATEMENT OF SIGNIFICANCE

The Moree Hospital has been a crucial piece of infrastructure for the local community since its construction in the 1890s. However, the physical fabric of the site has been progressively renovated and replaced to meet the needs of the town during the 20th century. The key heritage values of the Moree Hospital are associated with the historical themes of segregation and the resilience of the Aboriginal community. As the McMaster Ward was demolished prior to 1984, the Glennie and Crane Building (1917) is the last remaining building at the site from the early 20th century. The other mid-century public buildings at the hospital site do not have heritage significance.

The Glennie and Crane building has characteristic and intact interior design features, especially the pressed metal ceilings, that are in good condition and have appreciable heritage values. The symmetrical wards remain in use and its original form and function can be discerned.

3.7 LIKELY IMPACTS TO HISTORIC HERITAGE FROM THE PROJECT

3.7.1 Impact assessment

Table 3-5 details the anticipated impacts to historic heritage item from the project.

Table 3-5: Historic heritage: impact assessment.

Item name	Will this site be impacted?
Glennie and Crane Building	Yes

3.8 ANALYSIS OF THE PROPOSED WORKS

The proposed works will result in the removal of the Glennie and Crane Building, which is a heritage item on the NSW Health S170 register and has been assessed as having local significance (**Table 3-4**). The proposed demolition of the building will allow for the unconstrained construction a large multi-purpose hospital facility that will provide all the services identified by the Clinical Services Plan. Removal of the building also allows the provision for future site development at the west of the site.

This report accepts that the demolition of the Glennie and Crane Building is optimal from a public health infrastructure perspective. It should also be noted that the heritage values of the item are in part derived from the item's role in the provision of public health services to the community. and the project will allow these services to be effectively delivered in the future, albeit in a new building.

However, from a heritage perspective, the project provides few opportunities to conserve the locally significant heritage values of the site. The Glennie and Crane building is only remaining building that has associations with the significant historical themes of the hospital and its removal would have a detrimental impact on the conservation of the historical values of the local area.

It is recommended that further consideration for retention of the item be explored during the detailed design phase.

Should retention of the Glennie and Crane Building be unfeasible or unreasonable, the impacts to the heritage values because of the project could be partially mitigated. The building does have characteristic design features that can either be retained or interpreted at the site in the future. These opportunities for conservation are presented in **Section 3.10** below.

3.9 ABORIGINAL CULTURAL SIGNIFICANCE PROVISIONS

The project is within a place of Aboriginal cultural significance, as identified on the Moree Plains LEP 2011. As per Section 7.7 of the Moree Plains LEP 2011, the consent authority must:

- *consider the likely impact of the proposed development on the cultural significance of the land, and*
- *consult with the local Aboriginal people in any way it thinks fit.*

This report has considered the likely impact of the proposed development on heritage values, including those of specific importance to the Moree Aboriginal community.

Infrastructure and Planning for the Hunter and New England Local Health District has undertaken consultation with Aboriginal stakeholders and has formed an Aboriginal Design Working group for the project.

3.10 POTENTIAL INTERPRETATION STRATEGY

If retention and re-use of the Glennie and Crane Building is not possible, then undertaking to record and conserve the heritage values of the building in the new development would mitigate some of the negative heritage impact of the project.

3.10.1 Archival recording

Archival photographic recording of the building should be carried out to provide a record of the Glennie and Crane building's main features and heritage values for future generations.

3.10.2 Retention of the pressed metal ceilings

Retention of the pressed metal ceilings and their reuse in the new hospital buildings would provide continuity between the old and the new, offering an opportunity for the heritage values of the former hospital buildings to be conserved in the functional fabric of the new buildings.

However, it is recognised that the re-use of the pressed metal ceilings in the new hospital ceilings may not be achievable. Therefore, this heritage fabric should be retained and adaptively re-used either on-site (see **Section 3.10.3**) or off-site. Off-site options include retaining the ceiling fabric and making it available to local businesses for use in repairs to other heritage buildings.

3.10.3 Interpretive signage and display

Significant heritage items identified at the Glennie and Crane Building that can be retained after the proposed demolition include the pressed metal ceilings and the foundation plaques (**Figure 3-2**).

These elements could be presented in a public area in a manner that allows for the heritage values of the items to be appreciated by visitors to the hospital.

This display could be supplemented with interpretive signage showing archival images taken of the Glennie and Crane Building and any other demolished buildings and explaining the significant heritage values associated with the hospital as a whole, especially the historical theme of segregation associated with the former McMaster Ward. If Building 7 is demolished, then the 'Garriyawa' plaque (**Figure 3-3**) should also be retained and included in the display.

4 STATEMENT OF HERITAGE IMPACT

The NSW Heritage Manual poses a series of questions that comprise the minimum information to form a SOHI which is required to properly address a proposal's impact to items of heritage significance.

The following assessment refers to the removal of the Glennie and Crane Building, an item with local heritage values. As noted in **Section 3.2** the other buildings proposed to be removed are not discussed here as they have been assessed as not having heritage values that would be protected by the Heritage Act.

4.1 DEMOLITION OF A BUILDING OR STRUCTURE - GLENNIE AND CRANE BUILDING

This section considers the implications associated with the planned demolition of the Glennie and Crane Building which is part of the S170 listing for the Moree District Hospital.

Have all options for retention and adaptive re-use been explored?

The Master Planning for the project has considered a range of options to deliver the aims of the hospital upgrade project. A summary of the planning process and decision-making provided by the proponent is attached as **Appendix 2**.

Retention of the building has been determined to be unfeasible due to the poor structural condition of the building and the inability of the current layout to be used for clinical purposes. Alterations to suit adaptive re-use of the building for the clinical functions of the hospital were explored, but the condition of the building and numerous ad-hoc additions to the building led to the conclusion that the project would be unable to achieve alterations to the building that would meet Building Code of Australia standards.

While it is recognised that altering the current building to meet building standards for clinical purposes is unfeasible, adaptive re-use of the building for non-clinical purposes could be explored further. Re-use of the building for purposes such as administration would require fewer alterations and may have lower ongoing maintenance costs.

Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?

This assessment has been prepared under the assumption that the project cannot avoid demolition of the building. If demolition were to occur, not all significant elements of the item could be retained. However, it is recognised that numerous additions have impacted the character of the item and limited the potential appreciation of its heritage values.

The most characteristic features of the building in its current condition are the pressed metal ceilings that could be retained after the demolition.

The wall of foundation plaques at the entrance to the Glennie and Crane Building, while not an original feature of the building, should be retained and reinstalled in a public area of the redeveloped hospital. Mitigation strategies employing these items on the site are given in **Section 3.9**.

Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?

In the view of NSW Health Infrastructure, demolition of the building is essential for the delivery of the preferred Master Plan option. In the initial planning phases, the option to avoid the removal of the Glennie and Crane Building was explored. However, design of the proposed service buildings could not achieve the aims of the project without impacting the building.

It was assessed that the condition of the Glennie and Crane Building would lead to high up-front and ongoing costs if it was altered and maintained. It was determined that the building cannot be used effectively in the new hospital design and the space that it occupies would allow for better outcomes for the new buildings, therefore its demolition is seen as essential.

Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?

Yes, this report is advice of an independent heritage consultant, and its recommendations will be implemented.

5 MANAGEMENT RECOMMENDATIONS

The SOHI has determined that the proposed works will have a negative impact on the heritage values that are present within the study area, arising from the proposed demolition of the Glennie and Crane building. The remaining buildings and structures to be removed have been assessed as having little heritage value and a no contributory value to the Glennie and Crane building.

Recommendations concerning the historic values relevant to the study area are as follows.

1. The project should fully explore retention of the Glennie and Crane building and suitable adaptive re-use explored in the future hospital. Removal of the unsympathetic additions to the building and covered walkways crowding the current building should be undertaken if possible.
2. If retention of the Glennie and Crane building is deemed to be unfeasible due to (for example) a lack of suitable adaptive re-use opportunities or unreasonable restrictions to the design of the new hospital facilities, then the mitigation measures and interpretation strategy presented in **Section 3.9** should be undertaken.
3. Although the risk of the project affecting archaeological deposits at the study area has been assessed as low, the *Unanticipated Finds Protocol (Appendix 1)* should be followed if potential significant heritage items are encountered during construction.
4. As the project will impact a heritage item (Moree District Hospital) on the NSW Health Section 170 Register, the Heritage Council must be notified of the proposed demolition and works at least 14 days in advance. This SOHI and the determined REF for the project would be appropriate information to be supplied.

REFERENCES

- Burra Charter 2013 International Council on Monuments and Sites 2013. *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance*.
- Briggs-Smith 2003 Briggs-Smith, Noeline. 2003. *Moree Mob Volume Two: Burrul Wallaay*. Northern Regional Library and Information Service NSW.
- Heritage Concepts 2008 Heritage Concepts 2008. *Aboriginal Heritage Study: Moree Plains Shire Council Local Environmental Plan*. Report to Moree Plains Shire Council.
- Heritage Council 2006 *Historical Archaeology Code of Practice*. Heritage Council of New South Wales and the NSW Government Department of Planning.
- NSW Heritage Office 2001 *Assessing heritage significance*. NSW Heritage Manual 2.

APPENDIX 1: HISTORIC HERITAGE: UNANTICIPATED FINDS PROTOCOL

A historic artefact is anything which is the result of past activity not related to the Aboriginal occupation of the area. This includes pottery, wood, glass, and metal objects as well as the built remains of structures, sometimes heavily ruined.

Heritage significance of historic items is assessed by suitably qualified specialists who place the item or site in context and determine its role in aiding the community's understanding of the local area, or their wider role in being an exemplar of state or even national historic themes.

The following protocol should be followed if previously unrecorded or unanticipated historic objects are encountered:

1. All ground surface disturbance in the area of the finds should cease immediately, then:
 1. The discoverer of the find(s) will notify machinery operators in the immediate vicinity of the find(s) so that work can be halted
 2. The site supervisor will be informed of the find(s).
3. If finds are suspected to be human skeletal remains, then NSW Police must be contacted as a matter of priority.
4. If there is substantial doubt regarding the historic significance for the finds, then gain a qualified opinion from an archaeologist as soon as possible. This can circumvent proceeding further along the protocol for items which turn out not to be significant. If a quick opinion cannot be gained, or the identification is that the item is likely to be significant, then proceed to the next step.
5. Notify Heritage NSW as soon as practical on (02) 9873 8500 (heritagemailbox@environment.nsw.gov.au), providing any details of the historic find and its location.
6. If in the view of the heritage specialist or Heritage NSW that the finds appear not to be significant, work may recommence without further investigation. Keep a copy of all correspondence for future reference.
7. If in the view of the heritage specialist or Heritage NSW that the finds appear to be significant, facilitate the recording and assessment of the finds by a suitably qualified heritage specialist. Such a study should include the development of appropriate management strategies.
8. If the find(s) are determined to be significant historic items (i.e. of local or state significance), any re-commencement of ground surface disturbance may only resume following compliance with any legal requirements and gaining written approval from Heritage NSW.

APPENDIX 2: MASTER PLANNING SUMMARY



4 October 2022

Harrison Rochford
Lead Archaeologist
OzArk Environment & Heritage
145 Wingewarra St Dubbo,
NSW, 2830

Dear Harrison,

Re: Moree District Hospital – Building 5

Background

During the Master Planning for the Hospital Redevelopment the locating of the proposed buildings was based on a total required building area of 3796m² for both the Acute Services Building (ASB) and the Refurbishment for the existing building 1 to create the Community Health and Outpatient (CHO) Building. The composition of departments within those buildings being prescribed by essential functional connections between departments.

Also considered were:

- The structural soundness and substantial sub-structure of Building 1.
- The age of building 5, the ornate finishes to the ceilings within it and some public sentiment towards it.
- Due to the existing condition, current layout and numerous previous alterations to building 5, it was not proposed for any clinical use, or alterations which would require meeting current Building Code of Australia (BCA) standards. Removal of some of the balcony enclosures being the only considered work.

This resulted in a planned layout which retained both Buildings 1 and 5, with the new Acute Services Building framing an internal courtyard.

Through the development of subsequent design stages, the required building area needed to enable the future health services in accordance with Australasian Health Facility Guidelines, Ministry of Health (MoH) Policies and the BCA has grown to 5216m².

Additionally, the proposed 'T' shaped Inpatient Unit was required to be change to the standard 'racetrack' layout used in most new hospitals, in the interest of achieving the best patient safety outcomes with the resources available to the Hospital. This redesign also displaced the access corridor which had been design for access to both the ASB and Community Health Building from the Back of House (BOH) area.

To allow for the future growth of the hospital, it has been directed to identify an area where the orderly growth can be enabled.

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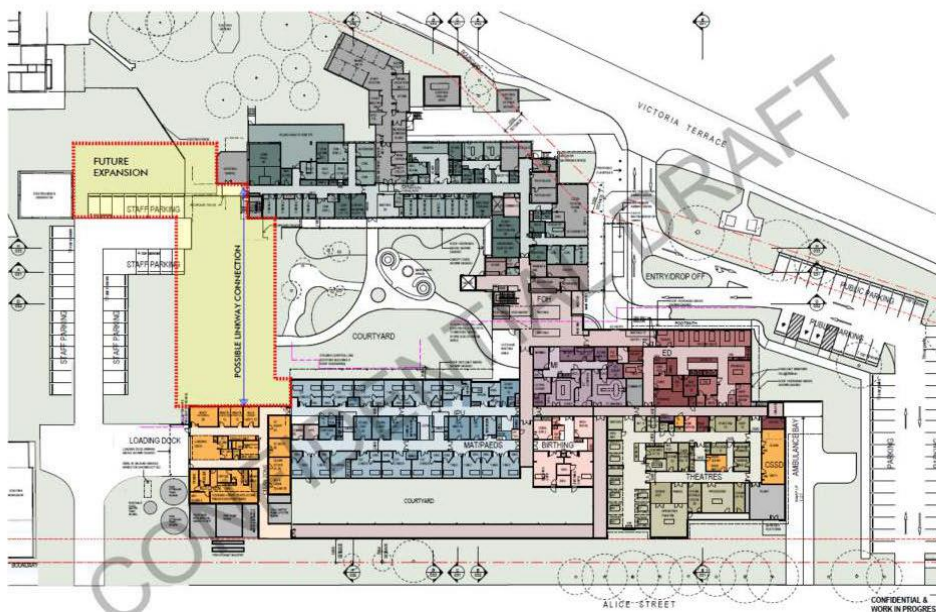
Revised Planning

To enable both the expanded footprint and the revised IPU layout, the BOH area will need to be located partially where the existing building 5 now sits. Direct access can then be provided to the CHO building, without traversing the ASB. The future expansion zone has then been identified as the area between the BoH and the CHO building.

This replanning of the site is seen by the design team and hospital staff and managers as the only viable means to achieve:

- The needed building areas
- Provide safe care to users of the hospital.
- Service the hospital in a reasonably efficient manner.

As a consequence of this re-planning, Building 5 cannot be retained.



Revised Planning Diagram

Other Considerations

Funding to health facilities is largely assigned to the provision of health services, either through staffing, equipment or supplies. Funding for building maintenance is generally consumed through maintaining and upgrading fire safety, communications, access, essential services and clean surfaces.

As can be seen in building 5, only essential 'patchwork' is done to maintain building fabric while the provision of fire safety and access is done at the expense of the aesthetic outcome. Building inspections which have been undertaken during the later design stages have identified rotten structural components, ad-hoc services installed through the roof space and added to the outside of the building, while concerns have been raised about the ability to safely fix items to the soft brickwork.

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Health Infrastructure:

It has also been raised by the hospital managers that assigning resources to a building which is not used in the provision of health or support services is unlikely, resulting in further deterioration of the building. Additionally, that its location within the secured facility, means access would be restricted limiting any benefit to the local community.

Proposed solution

It is suggested that the best approach to preserving the significant features of the building is to take a photographic record and relocate some of the features, such as ceiling panels and plaques, as permanent features in the new building where they will be both maintained and observed by any visitors to the hospital.

We therefore request your concurrence on the preservation of the noted building features and the subsequent demolition of building 5.

Yours faithfully,



Michael McMahon
Associate Director
Project Management
Savills Australia

Mohammad Ashari
Project Director
Health Infrastructure

cc. Jane Book, Jacqueline Hawkins, Peter Wade, Bernard Waller

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